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PTO/SB/22 (10-04)

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|   |   |   |                                    |
|---|---|---|------------------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br>FY 2005<br>(fees effective on or after October 1, 2004)  |   | <b>Docket Number (Optional)</b><br>1279-277 |                                    |
| <b>Application Number</b> 09/831843   |   | <b>Filed</b> August 13, 2001                |                                    |
| <b>For</b> ENHANCED WAVEFORM INTERPOLATIVE CODER  |   |   |                                    |
| <b>Art Unit</b> 2626  |   | <b>Examiner</b> Vijay B. Chawan             |                                    |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |   |                                    |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |   |                                    |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | <u>Fee</u><br>\$120.00                      | <u>Small Entity Fee</u><br>\$60.00 |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$460.00                                    | \$230.00                           |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3))  | \$1050.00                                   | \$525.00                           |
| <input checked="" type="checkbox"/>   | First month paid 9/12/07  |   | (120.00)                           |
| <input type="checkbox"/>  |   |   | \$930.00                           |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |   |                                    |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |   |                                    |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |   |                                    |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                                    |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3881. I have enclosed a duplicate copy of this sheet. |   |                                    |
| 10/26/2007 PCHUMP 00000045 503881<br>02 FC:1253 930.00 DA   |   |   |                                    |
| 89831843  |   |   |                                    |
| I am the <input type="checkbox"/> applicant/inventor.   |   |   |                                    |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |   |   |                                    |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |   |                                    |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |   |   |                                    |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).   |   |   |                                    |
| Registration number if acting under 37 CFR 1.34(a) 56,594   |   |   |                                    |
| Signature _____   |   |   |                                    |
| Date October 25, 2007   |   |   |                                    |
| Richard Y. M. Tun   |   |   |                                    |
| Typed or printed name (213) 533-4175  |   |   |                                    |
| Telephone Number  |   |   |                                    |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |   |                                    |
| <input type="checkbox"/> Total of 1 forms are submitted.  |   |   |                                    |

|   |             |
|---|-------------|
| <b>Two Month Request for Extension of Time Under 37 CFR 1.136(a)</b>  |             |
| I hereby certify that this correspondence is faxed to the Commissioner for Patents, via (571) 283-8300 on the date shown below. |             |
| Oct 25, 2007  |             |
| Signature: _____  | (Jean Bove) |